STATE OF MARYLAND—CERTIFICATE OF DEATH

09793

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

(93d)

County St. Mary's Registration Dist. No. 281

Village or City Scotland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Barnes

If U. S. Veteran, specify WAR

(a) Residence: No. Scotland, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not learned.

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) Scotland (State or country) Md.

FATHER

13. NAME Hillery Rustin

14. BIRTHPLACE (city or town) St. Mary's County (State or country) Md.

MOTHER

15. MAIDEN NAME Betty Rustin

16. BIRTHPLACE (city or town) St. Mary's County (State or country) Md.

17. INFORMANT Lilian Smith (daughter) (Address) Scotland, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Lukes Cemetery Date Sept. 22, 1940

19. UNDERTAKER E. L. Robinson (Address) Dameron Md

20. FILED Sept. 22, 1940 P. Dameron Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1940, to September 20, 1940.

I last saw h.. alive on July 24, 1940; death is said to have occurred on the date stated above, at 4 00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease with decompensation	Several years ago
Cerebral Hemorrhage	9/20/40
Other Contributory Causes of importance:	

Name of operation None Date of —

Whet test confirmed diegnosis? Clin. and Lab. Was there an autopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was diseasa or injury in any way related to occupation of deceasad? No

If so, specify

(Signed) Robert T. Fuster M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20-C)

09794

CERTIFICATE OF DEATH

Reg. Dist. No. 287

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County St Marys
City or town Charlotte Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: [illegible]
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ralph H Douglas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1921

8. AGE:

Years	Months	Days	If less than one day
19	6	22	hrs. min.

9. Birthplace St Marys Co
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Richard D. Douglas
13. Birthplace St Marys Co

MOTHER
14. Maiden name Charlotte Bullen
15. Birthplace St Marys Co

16. Informant Mrs Douglas
Address Charlotte Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/11/40 (month) (day) (year)
Cemetery or crematory Elmwood
Location Mechanicsville

18. Funeral director P. B. Robinson
Address Leonardtown Md

19. 9/10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to Sept 9 1940
and that I last saw h alive on Sept 2 1940

Immediate cause of death Uremia
Colon

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos Lynch M. D. or other
Address Waldorf Date signed Sept 3

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural (Avenue)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 2 mos 11 do

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural Avenue

(If outside city or town limits, write RURAL and give nearest town)

Street No. Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Irene Martha Evans

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem	w	married

6.(b) Name of husband or wife Charles Randolph Evans

6.(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) 11-27-1859

8. AGE:

Years	Months	Days	If less than one day
80	10	14	hrs. min.

9. Birthplace Morganza Md (Town, county, and state)

10. Usual occupation Housekeeping

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden name Elizabeth Ferrel

15. Birthplace Md

16. Informant Joseph D. Evans

Address Avenue Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-13-40 (month) (day) (year)

Cemetery or crematory Medley's Neck-on Lady Chapel

Location Near Leonardtown

18. Funeral director Wm. Joseph Matthews by Sons

Address Leonardtown Md

19. 9-12-1940 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11-1940, at 9 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to 19

and that I last saw her alive on 9-11-1940

Immediate cause of death Acute indigestion Sudden

Due to Chronic Rheumatism

Due to Chronic myocarditis

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 9-12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122b)

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's Co.

City or town Leonardtown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Dameron Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Zach Gorden

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Isabell Gorden

6(c) If alive, give age 58? years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years 62? Months Days If less than one day ___ hrs. ___ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Charles Gorden
13. Birthplace: Maryland

MOTHER
14. Maiden name: Liza Wilmer
15. Birthplace: Maryland

16. Informant

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 4, 1940 (month) (day) (year)

Cemetery or crematory: St Peter's Cemetery

Location: Ridge, Md.

18. Funeral director: E. L. Robinson

Address: Dameron, Md.

19. Sept 4 1940 (Date rec'd by registrar) P J Bean Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1940, at 7 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Intestinal Obstruction — DURATION: ca 5 days

Due to: Cause: Unknown. Not due to cancer. C.W.G.R.

Due to

Other conditions: Uremia; caused by the intestinal obstruction.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: Robert T. Fucks, M.D. M. D. or other

Address: Park Hall, Md Date signed 9/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Jan. born B.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09797

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1 mile north of Great Mills

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Agnes Ruth Graves

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 5 / 40

8. AGE:

Years	Months	Days	If less than one day
—	9	25	..... hrs. ..... min.

9. Birthplace Scotland Md

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Albert Graves

13. Birthplace Leonardtown, Md

MOTHER

14. Maiden name Lena Morris

15. Birthplace Hollywood, Md

16. Informant Albert Graves

Address Great Mill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 30, 1940 (month) (day) (year)

Cemetery or crematory St Aloysius Cemetery

Location Leonardtown, Md

18. Funeral director Albert Graves

Address Great Mills, Md

19. Sept 30 1940 (Date rec'd by registrar) O J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1940 to Sept 30 1940 and that I last saw her alive on Sept 28 1940

	DURATION
Immediate cause of death Ileocolitis	2 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Bean MD M. D. or other

Address Great Mills, Md Date signed Sept 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09798

1. PLACE OF DEATH (95-C)

County St. Mary's Registration Dist. No. 282

Village or City Leonardtown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Mills Heard If U.S. Veteran, specify WAR

(a) Residence: No. Leonardtown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Yates

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 9/14/40

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Elias Heard

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

MOTHER

15. MAIDEN NAME Jane Maria Dent

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md

17. INFORMANT (Address) Mrs. M. Brewer Waldorf

18. BURIAL, CREMATION, OR REMOVAL Place Our Lady's Chapel Date 9/17, 1940

19. UNDERTAKER (Address) M. C. Mattingly Leonardtown

20. FILED 9/15, 1940 Camalier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 15, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from did not, 19 to 19

I last saw him alive on Sept 15, 1940 death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sudden death	
probably acute	
dilatation of heart	

Other Contributary Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank A. Camalier M.D.

(Address) Leonardtown, Acting Cor.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St Marys

City or town: Rural Hameron PO

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Geromes Creek

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: PO

City or town: 3719-29th St Mt Rainier Md

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William T. Keese

3. (b) Social Security Number: 578-07-8086

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: unknown

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): APR 11, 1896 Apr 11 1896

8. AGE: Years: 44 Months: 5 Days: 16 If less than one day: hrs. min.

9. Birthplace: Washington DC (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER 12. Name: unknown

13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

15. Birthplace: unknown

18. Informant: Robert C Hall H.S.

Address: 3336 Carpenter St Washington DC

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 9/28/40 (month) (day) (year)

Cemetery or crematory

Location: 46 Md Ave. Hyattsville Md

18. Funeral director: Edward Gash Sons

Address: 46 Maryland Ave Hyattsville Md

19. 9/28 1940 (Date rec'd by registrar) Carmelia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 28th 1940 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him dead on Sept 28th 1940.

Immediate cause of death: Suffocation by Drowning accidental

Due to: Vertigo or Heart attack.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Sept 28-40

Where did injury occur? near Hameron PO (City or town) St Marys Co (County) Md (State)

Injured at home, farm, industry, public place (where?) in St Geromes Creek

Means of injury: Drowning accidental Injured at work? no

23. SIGNATURE: Francis F Greenwell Chronic M. D. or other

Address: Leonardtown Md Date signed: Sept 28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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OCT 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (118)

CERTIFICATE OF DEATH

09800

Reg. Diat. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Scotland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Scotland

(If outside city or town limits, write RURAL and give nearest town)

Street No. ½ mile east of Scotland Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Millard

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	single

B.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 35			..... hrs. ..... min.

9. Birthplace St Marys County Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business unskilled

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden name

15. Birthplace

16. Informant Harry Handy

Address Scotland Md

17. Burial Date thereof Sept 15 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Luke's Cemetery

Location St Marys County, Md

18. Funeral director E. L. Robinson

Address Dameron, Md

19. Sept 14 1940 O J Bean MD

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1940 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sudden death, and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute Dilatation of Stomach	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Bean MD

M. D. or other

Address Great Mills, Md Date signed Sept 14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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OCT 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09801

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (161-a)

County St. Mary's Registration Dist. No. 252

Village or City Leonardtown No. St. Mary's Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. 5 dys. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Readmond If U. S. Veteran, specify WAR

(a) Residence: No. Leonardtown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 10 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leonardtown (State or country) Md

FATHER

13. NAME Wm A. Readmond

14. BIRTHPLACE (city or town) Leonardtown (State or country) Md

MOTHER

15. MAIDEN NAME Wolhelmina Woodburn

16. BIRTHPLACE (city or town) Leonardtown (State or country) Md

17. INFORMANT Mrs. Wm. A. Readmond
(Address) Leonardtown

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Date 9/12, 1940

19. UNDERTAKER R. B. Robinson
(Address) Leonardtown

20. FILED 9/14, 1940 Carnden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 11 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1940, to Sept 11, 1940

I last saw h— alive on Sept 11, 1940; death is said to have occurred on the date stated above, at 4:30 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1. Pulmonary Atelectasis	
Other Contributory Causes of Importance:	

Neme of operation Date of

What test confirmed diegnosis? Was there an autopsy? No

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank A. Carnahan M. D.

(Address) Leonardtown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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U. S. ARMY

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85a)

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:
County St. Mary's
City or town Rural (Hurry md)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 78
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County St. Mary's
City or town Rural Hurry md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Rose Priscilla Scott

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	W	widowed

6.(b) Name of husband or wife William Scott
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12 - 6 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	9	10	..... hrs. ..... min.

9. Birthplace Chaptico (Town, county, and state)
10. Usual occupation housekeeping
11. Industry or business
FATHER 12. Name Francis Wheeler
13. Birthplace Chaptico md
MOTHER 14. Maiden name Susan Owens
15. Birthplace Chaptico md
16. Informant Rose Pearl Russell
Address Oakley md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9 (month) 13 (day) 40 (year)
Cemetery or crematory Sacred Heart
Location Bushwood md
18. Funeral director Eugene Hall
Address Bushwood md
19. 9-14-40 (Date rec'd by registrar) 19 40 R V Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 14 - 1940, at 4 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 - 3 - 1940, to 9 - 14 - 1940
and that I last saw h alive on 9 - 13 - 1940
Immediate cause of death Acute endocarditis due to Bronchopneumonia — DURATION: 1 week
Due to Pneumonia — DURATION: 3 days
Due to Cerebral apoplexy — DURATION: 3 yrs
Other conditions — DURATION: 3 yrs
(Include pregnancy within 3 months of death)
Major findings of operation
Date of op.
Autopsy results.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other
Address Oakley md Date signed 9-14-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-b)

09803

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Lud near Leonardtown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Lud Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Co Alms House
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George H. Thompson

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug unknown 1854

8. AGE: Years 86 | Months 1 | Days — | If less than one day ___ hrs. ___ min.

9. Birthplace St. Mary's Co Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Clement Thompson
13. Birthplace St Mary's Co Md

MOTHER
14. Maiden name Lucille Simpson
15. Birthplace St Mary's Co Md

16. Informant Willson Thompson
Address Charlotte Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 22-1940 (month) (day) (year)

Cemetery or crematory Our Ladys Chapel Cemetery

Location near Leonardtown Md

16. Funeral director Wm C Mattingley Sons
Address Leonardtown Md

19. 9/22 1940 (Date rec'd by registrar) Camelia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1940, to Sept 21st 1940 and that I last saw him alive on Sept 21st 1940.

Immediate cause of death Apoplexia — DURATION

Retention of urine — 2 p. hours

Due to Enlarged prostate

Due to Chronic nephritis — 3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F F Greenwell M. D. or other

Address Leonardtown Md Date signed Sept 22-40

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